

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org





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STATE OF HAWAII

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)				
PART I LOBBYIST				
NAME(Last) (First) (Middle)	TELEPHONE			
	E20 0000			
KAMIKAWA, RAY K.	528-8200			
MAILING ADDRESS (Street)	FAX			
745 FORT STREET, 9TH FLOOR	536-5869			
(City) (State) (Zip	(Zip Code)			
HONOLULU, HAWAII 96813				
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)	TELEPHONE			
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OUTRIGGER ENTERPRISES, INC.				
MAILING ADDRESS (Street)	FAX			
	170			
2375 KUHIO AVENUE	921-6655			
	Code)			
(—·P				
HONOLULU, HAWAII 96815-2939				
PART II ORGANIZATION				
	TELEPHONE			
OUTRIGGER ENTERPRISES, INC.				
MAILING ADDDECC (Chr. ch)				
MAILING ADDRESS (Street)	FAX			
0075 1/4 1/10 4 1/5 1/17	921-6655			
2375 KUHIO AVENUE (City) (State) (Zip				
(State)	Code)			
HONOLULI HAMAU 06915 2020				
HONOLULU, HAWAII 96815-2939 NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEBLIONE			
THE STATE OF THE STATE OF THE ANIMO ONGANIZATIONS EXPENDITURES STATEMENT	TELEPHONE			
MAILING ADDRESS (Street)	FAX			
2375 KUHIO AVENUE	921-6655			
	Code)			
HONOLULU, HAWAII 96815-2939				

PART III DESCRIPTION	OF SUBJECTS UPON WHICH	H VOII EYDEAT TO LORBY		
[] Agriculture [] Communications & Public Utilities [] Consumer Protection & Commerce [X] Culture, Arts, Historic Preservation [] Ecology, Energy Environmental Protection	 [] Education [X] Government Operations & Finance [] Hawaiian Affairs [] Health [] Housing 	 [] Human Services [] Intergovernmental Relations, International Affairs [X] Labor & Employment [X] Planning, Land & Water Use Management [] Public Safety & Corrections 	[] Science, Technology & Economic Development [X] Tourism & Recreation [] Transportation [] Other: (indicate below)	
PART IV CERTIFICATIO	N OF LOBBYIST			
		s, to the best of my knowledge	, correct and complete. 4 3 03	
(Eddo)				
NAME MAY J Sw	oes	TITLE OF AUTHORIZING OFFICE	ER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if app OUTRIGGER ENTERPRISES, INC	,	TE	ELEPHONE	
MAILING ADDRESS (Street) 2375 KUHIO AVENUE			AX 21-6656	
(City)	(State)	(Zip Code)		
HONOLULU, HAWAII 96815-2939				
I hereby authorize the a	above - named person to enga	ge in lobbying activities on bel	nalf of the undersigned.	
Mar 15			-	
Signatu	ure of Authorizing Officer or Person R	Represented)	(Date)	